

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.F.	70623	1-15-99
O.I.P.E. CLASSIFIER			6/30
FORMALITY REVIEW	ERU	70623	7-16-99

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	12/10
2	1/9/01
3	5/02
4	11/03/01
5	11/03/01
6	11/03/01
7	11/03/01
8	11/03/01
9	11/03/01
10	11/03/01
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49	11/03/01
50	11/03/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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